

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34959

State File No.

FILED NOV 8 1952

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|---|--|--|--|---|--|---|--|
| BIRTH NO. | | REG. DIST. NO. <u>149</u> | | PRIMARY REG. DIST. NO. <u>1002</u> | | Registrar's No. <u>4210</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u> 4 yrs. <u>4</u> week | | | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u> | | | | d. STREET ADDRESS (If rural, give location) <u>1359 East 10th Street</u> | | | |
| 3. NAME OF DECEASED (Type or Print) <u>JOSEPH</u> | | a. (First) <u>P.</u> | | c. (Last) <u>DUFFY</u> | | 4. DATE OF DEATH (Month) <u>10</u> (Day) <u>26</u> (Year) <u>1952</u> | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | | 8. DATE OF BIRTH <u>Dec. 22, 18826</u> | |
| 9. AGE (In years last birthday) <u>69</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Attorney</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 9. AGE (In years last birthday) <u>69</u> | |
| 11. BIRTHPLACE (State or foreign country) <u>Topeka, Kansas</u> | | | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | | |
| 13a. FATHER'S NAME <u>William A. Duffy</u> | | 13b. MOTHER'S MAIDEN NAME <u>Anna G. Jones</u> | | 14. NAME OF HUSBAND OR WIFE <u>Louise Duffy</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>440-51-2505</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Louise Duffy</u> ADDRESS <u>1359 E. 10th.</u> | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4200</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>5 mo</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from <u>Sept 17</u> , 19 <u>52</u> , to <u>Oct. 26</u> , 19 <u>52</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>8:50 pm.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>L. E. Steffen</u> (Degree or title) <u>M.D.</u> | | 23b. ADDRESS <u>1103 Grand Ave. Kansas City, Mo.</u> | | 23c. DATE SIGNED <u>10-27-52</u> | | | |
| 24a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>10-29-52</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u> | | 24d. LOCATION* (City, town, or county) (State) <u>Kansas City, Missouri</u> | |
| DATE REC'D BY LOCAL REG. <u>10-28-52</u> | | REGISTRAR'S SIGNATURE <u>Sheraldine Smith</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>FREEMAN MORTUARY & CHAPEL</u> ADDRESS <u>K.C., MO.</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Mr. Steffen - Vi 8180
Prof. Body. - 2-6 pm.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Signed.....
Student Embalmer

Signed

Student Embalmer No.....

Licensed Embalmer No. 4793

P. O. Address F. C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.